

# Application for a Water Right Permit

For Ecology Use  
(Date Stamp)

Rec'd 1-10-13

Follow the attached instructions. Attach additional sheets as necessary.

- ☒ GROUND WATER    ☐ SURFACE WATER  
☒ PERMANENT    ☐ SHORT TERM    ☐ TEMPORARY  
☐ DROUGHT

\*A NON-REFUNDABLE MINIMUM FEE OF \$50.00 MUST ACCOMPANY THIS APPLICATION.

## Section 1. APPLICANT

☒ I have participated in a pre-application conference with Ecology.

Applicant/Business Name: Hood Canal Highlands Community Club	Phone No: See Below	Other No:
Address: 19591 N. Shore Rd - North for 23 lots		
City: TANUYA	State: WA	Zip: 98588
Email Address (if available):		

Contact Name (if different from above): C.E. DeVange (Ed)	Phone No: 253-137-4979	Other No:
Relationship to Applicant: Secretary of the Board of Trustees		
Address: 5015 S 28th PL		
City: AUGURN	State: WA	Zip: 98001
Email Address (if available): ELDEVANGE@COMCAST.NET		

Legal Land Owner or Part Owner Name of the Proposed Place of Use: HCHC IS 23 RECREATIONAL LOTS OWNED BY 19 INDIVIDUALS	Phone No:	Other No:
Address: LIST OF OWNERS IS IN SECTION 1		
City:	State:	Zip:
Email Address (if available):		

For Ecology Use	APPLICATION NO: G 2-30612	SEPA: Exempt/Not Exempt
Fee Paid:	Check No:	ECY Coding: 001-001-WR1-0285-000011
Date Returned	By	Priority Date 1-10-13 By SC WRIA: 15 March
Pre-application interviewer:		



## Section 2. STATEMENT OF INTENT

Do you own the land on which the proposed point of diversion/withdrawal is located? ☒ YES ☐ NO **HCHCC OWNS THE LAND**  
If no, do you have legal authority to make this application for use of another's land? ☐ YES ☐ NO

Briefly describe the purpose of your proposed project: **REESTABLISH WATER RIGHTS FOR EXISTING SYSTEM #34020V CLASS B. TO ALLOW RECLASSIFICATION AND ADDITIONAL CONNECTIONS.**

Anticipated length of time to complete your project: **THE WATER SYSTEM HAS EXISTED SINCE 1971 - SO COMPLETE - RECREATION CABIN CONNECTIONS - 14 NOW**  
Water Use List all purposes for which water will be applied to a beneficial use and list quantity required for each. **Bar?**

Purpose(s) of Use	Rate (check one box only)		Acre-Feet per Year (AF/YR) (If known)	Period of Use (Continuously or Seasonal)
	<input type="checkbox"/> Cubic Feet per Second (CFS)	<input type="checkbox"/> Gallons per Minute (GPM)		
<b>RECREATIONAL CABINS</b>			<b>UP TO 3 ACRES</b>	<b>SEASONAL CONTIN.</b>
				<b>SEE SECT 2 FOR USAGE DATA</b>
<b>TOTAL:</b>				

### Short Term/Temporary Water Use

Is this a request for a short term project (less than four months and non-recurring)? ☐ YES ☒ NO

Is this request for a temporary permit? ☐ YES ☒ NO

If yes to either question above, indicate the dates that the water will be needed:

FROM: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ TO: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Section 3. POINT OF DIVERSION OR WITHDRAWAL

(Complete A or B, and C below)

A.) If Surface Water Source	B.) If Ground Water Source
<input type="checkbox"/> Spring <input type="checkbox"/> Creek <input type="checkbox"/> River <input type="checkbox"/> Lake <input type="checkbox"/> Other: _____	<input checked="" type="checkbox"/> Well(s) <input type="checkbox"/> Other: _____
Source Name: _____	Well diameter & depth: <b>6" 232'</b>
Tributary to: _____	Number of proposed points of withdrawal: <b>1</b>
Number of proposed diversion points: _____	Do you have an existing well? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Do you have an existing diversion? <input type="checkbox"/> YES <input type="checkbox"/> NO	If available, attach Water Well Report and pump test.
	Well Tag ID No. <b>DRILLERS REPORT IS IN SECT 4.</b>



**C.) Point of Diversion/Withdrawal – Legal Description**

Parcel No.	1/4	1/4	Section	Township	Range	County
32218 7500450			18	22	3W	MASON
Lot(s)	Block(s)		Subdivision			
23	N/A		Hood Gorge In Community			

If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner:

\_\_\_\_\_ Feet (☐ North/☐ South) and \_\_\_\_\_ feet (☐ East/☐ West)

from the (☐NW ☐SW ☐NE ☐SE ☐\_\_\_\_\_) corner of Section\_\_\_\_\_.

Parcel No.	1/4	1/4	Section	Township	Range	County
Lot(s)	Block(s)		Subdivision			

If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner:

\_\_\_\_\_ feet (☐ North/☐ South) and \_\_\_\_\_ feet (☐ East/☐ West)

from the (☐NW ☐SW ☐NE ☐SE ☐\_\_\_\_\_) corner of Section\_\_\_\_\_.

NOTE: If more than two points of diversion/withdrawal attach additional information on a separate sheet of paper.

**Section 4. PLACE OF USE**

Attach a copy of the legal description of the property (on which the water will be used) taken from a real estate contract, property deed or title insurance policy, or copy it carefully in the space below.

SEE SECT 1 FOR PLAT MAP, LEGAL DESCRIPTION & THE INTRO TO THE ARTICLES OF INCORPORATION FOR HCHCC						
1/4	1/4	Section	Twp.	Range	County	Parcel No.
		18	22	3W	MASON	32218 500001 THSD 32218500024

Do you own all the lands on which the proposed place of use is located? ☒ YES ☒ NO. ~~YES~~

If no, do you have legal authority to make this application for use of another's land? ☒ YES ☐ NO

Provide owner name(s), address, and phone number: THE WATER SYSTEM IS

COMMUNITY FUND APPLICANT IS SECRETARY TO THE BOARD OF TRUSTEES.

Are there any other water rights or claims associated with this property or water system? ☐ YES ☒ NO

If yes, provide the water right and/or claim numbers: PREV RIGHTS TO HCHCC

By CERTIFICATE G200640 P<sup>2</sup> 6/1970 COPY IN SECTION 4

Attach a map of your project showing the point of diversion/withdrawal and place of use. If platted property, be sure to include a complete copy of the plat map.



## Section 5. WATER SYSTEM DESCRIPTION

Describe your proposed water system (include type and size of devices used to divert or withdraw water from source): AS BUILT DRAWINGS ARE IN SECTION 4.

SYSTEM # 34020V GASSB. BUILT AND  
APPROVED IN 1971, PLACED INTO SERVICE  
IN 1977, REAPPROVED IN OCT 2001.

## Section 6. DOMESTIC WATER SUPPLY SYSTEM INFORMATION

(Complete A or B, and C below)

A.) Domestic Water Systems only	B.) Municipal Water Systems only (defined under RCW 90.03.015)
Projected number of connections to be served: <u>UP TO 23 - 14 CURRENTLY</u>	Present population to be served water: _____
Type of connections: <u>RECREATIONAL</u> (e.g., home, recreational cabin)	Estimate future population to be served: _____ (20 year projection)
<b>C.) Water System Planning</b>	
Do you have a Water System Plan approved by the Washington State Department of Health, Drinking Water Division? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <u>(Per DOH 531-134 - NO - NOT REQUIRED Per DOH)</u>	
If yes, date plan was approved <u>2 / 19 / 1970</u> Water System Number: <u>34020V</u>	
Name of water system: <u>HOOD CANAL HIGHLANDS COMMUNITY</u>	
Are you within the service area of an existing water system? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
If yes, explain why you are unable to connect to the system: _____	
_____	
_____	
_____	



## Section 7. IRRIGATION/STOCKWATER/OTHER FARM USES

### Irrigation

N/A

Total number of acres requested to be irrigated under this application = \_\_\_\_\_ ACRES

NOTE: Outline the area to be irrigated on your attached map.

### Stockwater

List number and kind of stock: \_\_\_\_\_

Is the proposed project for a dairy farm? ☐ YES ☐ NO

### Other Proposed Farm Uses

Describe all proposed uses: \_\_\_\_\_

### Family Farm Water Act (RCW 90.66):

N/A

Calculate the acreage in which you have a controlling interest, including only:

- Acreage irrigated under water rights acquired after December 8, 1977,
- Acreage proposed to be irrigated under this application, and
- Acreage proposed to be irrigated under other pending application(s).

Is the combined acreage under existing rights greater than 6000 acres? ☐ YES ☐ NO

Do you have a controlling interest in a Family Farm Development Permit? ☐ YES ☐ NO

If yes, enter Permit No: \_\_\_\_\_

## Section 8. OTHER WATER USES

N/A

### Hydropower

Indicate total feet of head \_\_\_\_\_ and proposed capacity in kilowatts: \_\_\_\_\_

Describe works: \_\_\_\_\_

Indicate all uses to which power is to be applied: \_\_\_\_\_

FERC License No: \_\_\_\_\_

### Mining/Industrial Use

Describe use, method of supplying and utilizing water: \_\_\_\_\_

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Other Use

**Section 9. WATER STORAGE**

Will you be using a dam, dike, or other structure to retain or store water? ☒ YES ☐ NO

Are you proposing to store more than 10 acre-feet of water? ☐ YES ☒ NO

Will the water depth be 10 feet or more? ☐ YES ☐ NO 20' TANK

If you answered yes to any of the above questions, please describe: THE SYSTEM  
INCLUDES A 20' HIGH TANK (1000 cu ft - 8000 gal)

*NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point and some portion of the storage will be above grade, you must also complete an Application for Permit to Construct a Reservoir and a Dam Construction Permit and Application.*

**Section 10. DRIVING DIRECTIONS**

Provide detailed driving directions to the project site: From BELLAIRE, N. SHORE  
ROAD SW TO 1/2 MILE PAST MILEPOST 19

Site Address:



## Section 11. REQUIRED SIGNATURES

I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though the employees of the Department of Ecology may have assisted me in the preparation of the above application, all responsibility for the accuracy of the information rests with me, the applicant.

Print Name: \_\_\_\_\_ Signature: Charles E. DeLong Date: 1/6/2013  
 (Applicant or authorized representative)

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Legal Owner or Part Owner Place of Use)

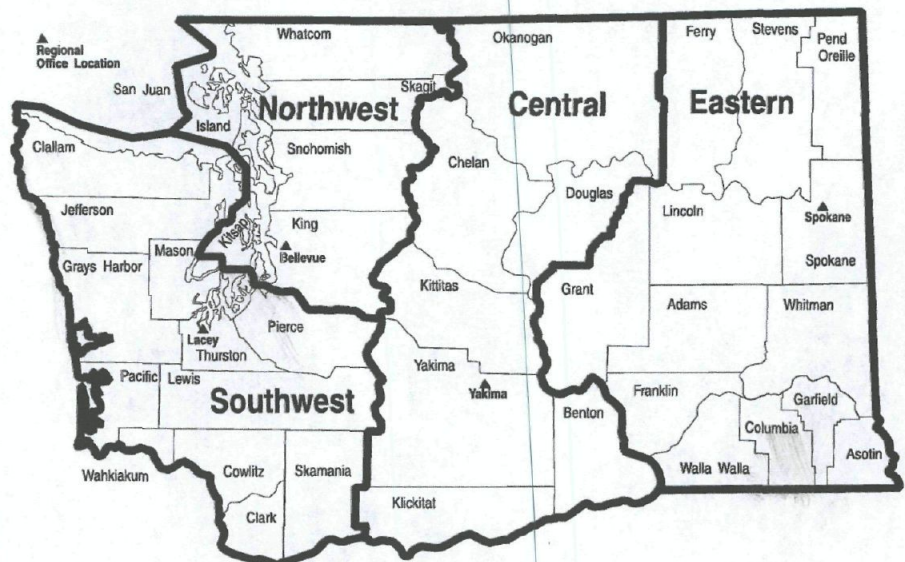
Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Legal Owner or Part Owner Place of Use)

Please check the region in which the project is located:

<b>*Submit your application to:</b>  DEPARTMENT OF ECOLOGY CASHIERING SECTION PO BOX 47611 OLYMPIA, WA 98504-7611	<input type="checkbox"/> Central Regional Office 15 W Yakima Avenue, Suite 200 Yakima, WA 98902 (509) 575-2490	<input type="checkbox"/> Eastern Regional Office 4601 N. Monroe Spokane, WA 99205-1295 (509) 329-3400
	<input type="checkbox"/> Northwest Regional Office 3190 – 160 <sup>th</sup> Avenue SE Bellevue, WA 98008-5452 (425) 649-7000	<input type="checkbox"/> Southwest Regional Office PO Box 47775 Olympia, WA 98504-7775 (360) 407-6300

If you need this document in an alternate format, please call the Water Resources Program at 360-407-6872. Persons with hearing loss can call 711 for Washington Relay Service. Persons with a speech disability can call 877-833-6341.

If you have questions about your application, contact the Water Resources program at the regional office in which your project is located.



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